U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
5941	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Gregory A Partch	Name Plumbers & Steamfitters Local 343
	Labor Organization File Number 048-580
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 401 Nebraska Street	Street 401 Nebraska Street
City Vallejo	City Vallejo
State California ZIP Code + 4 94590	State California ZIP Code + 4 94590
5. Position in labor organization. President	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	r derived income or other economic benefit of tion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Benicia Plumbing Inc.	Benicia Plumbing Inc. Annual Christmas Dinner
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 265 Channel Court	
City Benicia	\$100
State California ZIP Code +4 94510	
Sig	ınature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Ce Patch	On 08/01/2005 707 644-4071
THIS GS A GOOD PAITH C	ESTIMATE Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing Gregory Partch	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street City Vallejo State California ZIP Code + 4 94590	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any	Contra Costa College Foundation Dinner/Golf
Street 401 Nebraska Street	11.b. Approximate dollar value of such dealing. \$300
City Vallejo State California ZIP Code + 4 94590	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
12 h le the Rusiness on Employer or Consultant 2	14.b. Amount of payment.

Name of Person Filing Gregory Partch	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Local #343 Joint Apprenticeship Training Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street City Vallejo State California ZIP Code +4 94590	9. Business deals with: a. Labor Organization b. Trust c. Employer
State California ZIP Code + 4 94590 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Local #343 Joint Apprenticeship Training Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street 401 Nebraska Street	11.b. Approximate dollar value of such dealing.
City Vallejo	12.a. Nature of interest held or income received.
State California ZIP Code + 4 94590	North American Pipe Trades Training Conference / 6 days @ \$100.00 per diem
	12.b. Amount. \$600
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	17.D. Amount of payment.

Name of Person Filing Gregory Partch	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street City Vallejo State California ZIP Code + 4 94590 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer .	
Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street	Labor Leader Testimonial Dinner	
	11.b. Approximate dollar value of such dealing. \$250	
City Vallejo State California ZIP Code + 4 94590	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13 h. le the Business an Employer ar Consultant 2	14.b. Amount of payment.	

Name of Person Filing Gregory Partch	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local #343 Joint Labor Management	generating .	
Trade Name, if any:	a. Labor Organization **Description**	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 401 Nebraska Street	Four-ments of	
City Vallejo		
State California ZIP Code + 4 94590		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local #343 Joint Labor Management	Solano County Government Center Grand Opening Gala/Dinner	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 401 Nebraska Street	11.b. Approximate dollar value of such dealing. \$100	
City Vallejo	12.a. Nature of interest held or income received.	
State California ZIP Code + 4 94590		
	12.b. Amount.	
,	Temperature Annual Control Annual Co	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Gregory Partch	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street City Vallejo State California ZIP Code +4 94590	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	Napa/Solano Building Trades Crab Feed Dinner
Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street 401 Nebraska Street	11.b. Approximate dollar value of such dealing. \$70
City Vallejo State California ZIP Code + 4 94590	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filing Gregory Partch		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local #343 Joint Appreniceship Training	Constitution to the Constitution of Constituti	
Trade Name, if any:	a. Labor Organiza	ation
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 401 Nebraska Street	Tongrenore and	
City Vallejo		
State California ZIP Code + 4 94590		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.
Name Local #343 Joint Apprenticeship Training	Local #343 Apprent	ciceship Graduation Dinner
Trade Name, if any:	nonocomparar release	The official services and the services are services as the services are services are services as the services are ser
P.O. Box, Bldg., Room No., if any	and the second s	
Street 401 Nebraska Street	11.b. Approximate dollar val	ue of such dealing. \$100
City Vallejo	12.a. Nature of interest he	
State California ZIP Code + 4 94590		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	- And Control of Contr	
P.O. Box, Bldg., Room No., if any		
Street	To control to the con	
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

Name of Person Filing Gregory Partch	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street City Vallejo State California ZIP Code + 4 94590 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. California State Pipe Trades Scholorship Golf	
Name Local #343 Joint Labor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Nebraska Street	Tournament Sending Golf	
	11.b. Approximate dollar value of such dealing. \$100	
City Vallejo	12.a. Nature of interest held or income received.	
State California ZIP Code + 4 94590		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Gregory Partch	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Mechanical Contractors Association Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 159 Street City Benicia State California ZIP Code +4 94510	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Mechanical Contractors Association Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 159	Dinner/Building Trades/ City of Benicia Mixer	
Street	11.b. Approximate dollar value of such dealing. \$70	
City Benicia	12.a. Nature of interest held or income received.	
State California ZIP Code + 4 94510		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	